

Montana Department of Justice
Notice of Dissolution of a Nonprofit Corporation

215 North Sanders
P.O. Box 201401
Helena, MT 59620-1401

Phone: (406) 444-2026
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Section 35-2-722 of the Montana Code Annotated requires a public benefit or religious corporation to provide written notice to the Attorney General of its intent to dissolve at or before the time it delivers articles of dissolution to the Secretary of State. **No assets shall be transferred or conveyed as part of the dissolution process until the earlier of:**

- **20 days after the required written notice has been given to the Attorney General, or**
- **until the Attorney General has waived the notification requirements in writing.**

1. Name

Corporation's legal name: _____

2. Charitable Purpose

Short summary of the corporation's charitable purpose: _____

3. Articles of Dissolution

Have you filed Articles of Dissolution with the Secretary of State?

☐ Yes If yes, when were they filed? _____

☐ No If no, please explain: _____

4. Disposition of Assets

List recipients and/or intended recipients of the corporation's assets at dissolution (other than creditors) and a summary of each recipient's charitable purpose. Attach additional pages if necessary.

NOTE: You must also attach board minutes or other documentation authorizing the distribution and transfer of assets.

OR ☐ **Check this box if the corporation never acquired any assets.**

Recipient	Distributed yet?	Type of Asset	Value of Asset
Name: _____ Address: _____ Charitable Purpose: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name: _____ Address: _____ Charitable Purpose: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name: _____ Address: _____ Charitable Purpose: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		

5. Signature

Under penalties of perjury, I declare that I have examined the information provided on this form, including any attachments, and to the best of my knowledge and belief, it is true, correct and complete.

➤ _____
Signature

Printed Name

Title or relationship to corporation

Date

Address

City/State/Zip

Phone